

REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	BTG0011-100R/500000US03
	First Named Inventor	Deborah W. Cohen
	Original Patent Number	6,291,009
	Original Patent Issue Date (Month/Day/Year)	09/18/2001
	Express Mail Label No.	EV 146602720 US

APPLICATION FOR REISSUE OF: <i>(check applicable box)</i>	<input checked="" type="checkbox"/> Utility Patent	<input type="checkbox"/> Design Patent	<input type="checkbox"/> Plant Patent
---	---	---	--

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification and Claims in a double column copy of patent format <i>(amended, if appropriate)</i> 4. <input type="checkbox"/> Drawing(s) <i>(proposed amendments, if appropriate)</i> 5. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) <i>(37 C.F.R. 1.175)(PTO/SB/51 or 52)</i> 6. <input checked="" type="checkbox"/> Power of Attorney 7. Original U.S. Patent currently assigned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If Yes, check applicable box(es))</i> <input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement (PTO/SB/96) 8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table 9. Nucleotide and/or Amino Sequence Submission <i>(if applicable, all of the following are necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173(c). 11. <input type="checkbox"/> Original Patent Grant <input type="checkbox"/> Ribbioned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55) 12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) <i>(if applicable)</i> 13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(if applicable)</i> 15. <input checked="" type="checkbox"/> Preliminary Amendment 16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 17. <input type="checkbox"/> Other:

18. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number: 34141			OR <input type="checkbox"/> Correspondence address below		
Name					
Address					
City	State	Zip Code			
Country	Telephone	Fax			

NAME (Print/Type)	Paul K. Legaard	Registration No. (Attorney/Agent)	38,534
Signature	<i>Paul K. Legaard</i>	Date	17 September 2003

This collection of information is required by 37 CFR 1.176. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

16591 U.S. PTO

10/667245

09/17/03

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) BTG0011-100R/500000US03			
Claims as Filed - Part 1									
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity			
				Rate	Fee		Rate	Fee	
(A) 10	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B) 10	**** 0	X\$_____ =		or	X\$_____ =	0	
(C) 1		(D) 1	* 0	X\$_____ =			X\$_____ =	0	
Basic Fee (37 CFR 1.16(h))				\$			OR	\$ 750.00	
Total Filing Fee				\$		\$ 750.00			
Claims as Amended - Part 2									
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity		
					Rate	Fee		Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 10	MINUS	** 20	*=0	X\$_____ =		or	X\$_____ =	0
Independent Claims (37 CFR 1.16(i))	*** 1	MINUS	***** 3	=0	X\$_____ =			X\$_____ =	0
Total Additional Fee					\$		OR	\$0	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 27 CFR 1.27.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>50-1275</u> in the amount of <u>750.00</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>50-1275</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.</p>									
17 September 2003			 Signature of Applicant, Attorney or Agent of Record						
Date									
38,534			Paul K. Legaard						
Registration Number, if applicable			Typed or printed name						

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.